



Health Insurance Portability and Accountability Act (HIPAA) #9
NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003
Revised December 1, 2009

**THIS NOTICE DESCRIBES HOW
MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE
REVIEW IT CAREFULLY.**

I. This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). It is designed to tell you how we may, under federal law, use or disclose your Health Information.

1. We May Use or Disclose Your Health Information for Purposes of Treatment, Payment or Healthcare Operations with/without a Consent and Here is One Example of Each:

For Treatment:

The health care professionals – including doctors, nurses, therapists, youth care workers, and clerical staff – in our office may access your information for purposes of providing you care.

For Payment:

Our billing department may access your information – and send relevant parts – to your insurance company to allow us to be paid for the services we render to you.

For Operations:

We may access or send your information to our attorneys or accountants in the event we need the information in order to address one of our own business functions.

2. We May Use or Disclose Your Health Information Under the Following Circumstances Without Obtaining Your Prior Consent or Authorization:

For Treatment, Payment or Healthcare Operations. See above.

To Notify and/or Communicate with you and or your Family: Unless you tell us you object, we may use or disclose your Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable

or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

As Required by Law.

For Public Health Purposes: We may use or disclose your Health Information to provide information to state or federal public health authorities, as required by law to prevent or control disease, injury or disability; to report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

For Health Oversight Activities: We may use or disclose your Health Information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

In Response to Judicial and Administrative Proceedings: We may use or disclose your Health Information in response to a court order for administrative or judicial proceedings.

To Law Enforcement Personnel: We may use or disclose your Health Information to a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person, or comply with a court order.

In Order to Conduct Research: We may use or disclose your Health Information to order to conduct research that has been approved by our Institutional Review Board.

For Public Safety: We may use or disclose your Health Information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

To Aid Specialized Government Functions: If necessary, we may use or disclose your Health Information for military or national security purposes.

For Worker's Compensation: We may use or disclose your Health Information as necessary to comply with worker's compensation laws.

To Correctional Institutions or Law Enforcement Officials, if You are an Inmate.

II. For All Other Circumstances, We May Only Use or Disclose Your Health Information After You Have Signed an Authorization. If you authorize us to use or disclose your Protected Health Information for another purpose, you may revoke your authorization in writing at any time.

III. We May Also Use or Disclose Your Health Information for the Following Purposes:

Appointment Reminders: We may use your Health Information in order to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.

Fund-Raising: We may contact you to participate in our fund-raising activities.

Change of Ownership: In the event that our agency is sold or merged with another organization, your Health Information/record will become the property of the new owner.

IV. Your Rights

1. You have the right to request restrictions on the uses and disclosures of your Health Information. We are not required to comply with your request.
2. You have the right to receive your Health Information through confidential means through a reasonable alternative means or at an alternative location.
3. You have the right to inspect and copy your health information at a reasonable cost-based fee to cover copying, postage and/or preparation of a summary.
4. You have a right to request that we amend your health information that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by us. This includes items described in parts I1. and I2. of these notices.
6. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact The Drenk Center's Privacy Officer.

V. Our Duties.

We are required by law to maintain the privacy of your Health Information and to provide you with a copy of this Notice.

We are also required to abide by this Notice.

We reserve the right to amend this Notice at any time in the future and to make the new Notice of provisions applicable to all your Health Information – even if it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice at our office and provide you with a copy of the amended Notice. We will also provide you with a copy, at any time, upon request.

VI. Complaints to the Government.

Within 180 days, you may make complaints to the Secretary of the Department of Health and Human Services if you believe your rights have been violated. You may contact the DHHS at: (212) 264-3313. We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

VII. Contact Information.

You may contact us about our privacy practices by calling the Privacy Officer/Ombudsperson at 609-267-5656 x 359.

VIII. Electronic Notice

This Notice of Privacy Practices is also available on our web page at www.drenk.org